

**MONTANA APPLICATION FOR  
ASBESTOS TRAINING COURSE APPROVAL**

**DEQ USE ONLY**

Date Received \_\_\_\_\_  
 Amount Received \_\_\_\_\_  
 Receipt Number \_\_\_\_\_  
 Check Number \_\_\_\_\_  
 Date Approved \_\_\_\_\_  
 Effective Date \_\_\_\_\_  
 Evaluation Date \_\_\_\_\_  
 Initials \_\_\_\_\_

ACCT	FUND	ORG
502703	02202	5134

\_\_\_\_\_  
*(Applicant – Registered Business Name)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

\_\_\_\_\_  
*(Zip)*

\_\_\_\_\_  
*(Contact)*

\_\_\_\_\_  
*(Telephone Number)*

\_\_\_\_\_  
*(Email Address)*

\_\_\_\_\_  
*(Fax Number)*

**Course Director:** \_\_\_\_\_

**1. Title of Course**

*(Please check course(s)  
to be approved)*

Occupation		Course Type			
<input type="checkbox"/>	Contractor/Supervisor	<input type="checkbox"/>	Initial	<input type="checkbox"/>	Refresher
<input type="checkbox"/>	Inspector	<input type="checkbox"/>	Initial	<input type="checkbox"/>	Refresher
<input type="checkbox"/>	Management Planner	<input type="checkbox"/>	Initial	<input type="checkbox"/>	Refresher
<input type="checkbox"/>	Project Designer	<input type="checkbox"/>	Initial	<input type="checkbox"/>	Refresher
<input type="checkbox"/>	Worker	<input type="checkbox"/>	Initial	<input type="checkbox"/>	Refresher

**2. Type of Application:** *(Please check appropriate box)*

☐ Original Course Approval Fee: ..... \$975.00

**3. Please provide the following:** *(Please check if provided)*

1. A detailed curriculum outline.
2. A copy of the course examination.
3. A copy of all written course materials.
4. A list of titles for all audio/visual course materials and, where possible, hard copy for all visual materials.
5. A copy of an unused or blank certification of satisfactory completion form.
6. A list of instructors and documentation of the instructor's qualifications, including accreditation number.
7. A description of hands-on training to be used in the course.
8. A course schedule indicating time allotted and the instructor for each subject.
9. Documentation of EPA course approval or other states approval, if applicable.
10. A listing of scheduled courses including dates, times, and locations. DEQ must be notified of course dates 10 working days prior to course offerings.
11. Documentation of examination security.

**MAIL TO:** Montana Department of Environmental Quality  
 Waste and Underground Tank Management Bureau  
 Asbestos Control Program  
 1520 East 6<sup>th</sup> Avenue  
 P.O. Box 200901  
 Helena MT 59620-0901 Telephone: (406) 444-3490

*The time estimated by the department to process and make a determination on a complete application for Asbestos Training Course Approval is 45 working days.*